

Foster Family Home - Corrective Action Report

Provider ID: 1-180011

Home Name: Imee Gallardo, CNA

1596 Kaweloka Street

Pearl City

HI 96782

Review ID: 1-180011-2

Reviewer: David Ayling

Begin Date: 1/10/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 1/10/19. Corrective Action Report issued during home visit with all items due to CTA by 2/10/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1),(2) - APS/CAN and fingerprints for CG #2 done on 4/10/18.
Expired on 2/7/18.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(6) - Locked door that leads to another renter's home.

41.(b)(7) - No current TB clearance present for CG #3.

41.(b)(8) - No current certificates for blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid for CG #3. No current certificate for blood borne pathogen for CG #2.

Compliance Manager

Primary Care Giver

Date

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Imee Gallardo

CCFFH Address: 1596 Kaweloka st. Pearl City HI 96782

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1) (2)	I showed CTA current APS/ CAN and fingerprints for CG#2.	1/10/19	I will make sure the homes I rent for my CCFFH are complaint with all the state housing rules. I have placed all items (APS/ CAN, TB, CPR) with expiration dates for all CG's on my cell phone's calendar. I set the reminder time for one month prior to expiration.
41.(b) (6)	I sent CTA photos of a new wall that replaces door to front house. <i>And moving 3/31/2019.</i>	1/16/19	
41.(b)(7)	I obtained a current TB clearance from CG#3 and placed in my CTA binder.	1/15/19	
41.(b) (8)	I obtained current CPR, First Aid, Blood borne and Pathogen certificate for CG#2 and CG#3. I placed them in my CTA binder.	1/15/19	

Primary Caregiver's Signature: _____

Print Name: Imee Gallardo

Date of Signature: 01/20/2019